

STATE OF CALIFORNIA • CALIFORNIA TRANSPORTATION COMMISSION <b>PROJECT PROGRESS REPORT – SB1 ACCOUNTABILITY AND TRANSPARENCY</b> (Rev. date 2/9/2018)							<b>SB 1 Funded Projects w/ Baseline Agreements</b>				
<i>California Transportation Commission (Commission) SB1 Accountability and Transparency Guidelines Resolution GSIB-G-0708-01. As required by the Guidelines and the project baseline agreement, the implementing agency must submit regular and timely reports on the activities and progress made toward implementation of the project, including but not limited to, the current cost, schedule, scope, and expected benefits as compared to the cost, schedule, scope, and expected benefits approved under the baseline agreement.</i>											
GENERAL PROJECT INFORMATION											
<b>Program:</b> <input type="checkbox"/> Trade Corridor Enhancement Program (TCEP) <input type="checkbox"/> Active Transportation Program (ATP) <input type="checkbox"/> State Highway Operation & Protection Program <input type="checkbox"/> Solutions for Congested Corridors Program (SCCP) <input type="checkbox"/> Local Partnership Program (LPP) - Competitive <input type="checkbox"/> Local Partnership Program (LPP) - Formulaic											
		<b>Period of Reporting</b>		Begin Date:		End Date:					
District:		Route:		Post Mile		PPNO		EA			
Project Title:								Project ID:			
Implementing Agency:											
Project Contact:				Email:		Phone:					
APPROVED PROJECT DESCRIPTION											
APPROVED PROJECT SCOPE											
APPROVED PROJECT BENEFITS (include Outputs and Outcomes on next page)											
PROJECT BASELINE AGREEMENT / ENVIRONMENTAL DOCUMENT											
Baseline Agreement Approved?		<b>Environmental Document:</b>		Planned Completion Date	% Complete	Actual Completion Date	Notice of Exemption Filing Date:				
<input type="checkbox"/> Yes <input type="checkbox"/> No							Notice of Determination Filing Date:				
Approval Date:		<input type="checkbox"/> CEQA <input type="checkbox"/> NEPA									
PROJECT MILESTONES											
Phase	Approved Completion Schedule	Planned Completion Date	% Complete (Last Period)	% Complete (This Period)	Actual Completion Date	Completion Report Submittal Date	Approved Extensions (in Months)				Final Delivery Report Submittal Date
							Project Delivery	Allocation of Funds	Expenditure	Contract Award	
PA&ED											
PS&E											
R/W											
CON Contract Award											
CON											
PROJECT FUNDING (\$1,000s)											
<i>Must be consistent with Project Programming Request (PPR) form submitted with the project application or the baseline agreement.</i>											
Phase	Approved Project Funding	SB-1 Program Funding						Other Funding (State)	Other Funding (Federal)	Other Funding (Local)	Other Funding (Private)
		SHOPP	LPP-Comp	LPP-Form	SCCP	TCEP	ATP				
PA&ED											
PS&E											
R/W											
CON											
TOTAL	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0
PROJECT EXPENDITURES (\$1,000s)											
Phase	Approved Project Funding	SB-1 Program Funding Expenditures						Other State Funding	Current Project Expenditure (All Funds)	Planned Expenditure @ Complete	Actual Expenditure @ Complete
		SHOPP	LPP-Comp	LPP-Form	SCCP	TCEP	ATP				
PA&ED											
PS&E											
R/W											
CON											
TOTAL	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0

GENERAL PROJECT INFORMATION									
<b>Program:</b> <input type="checkbox"/> Trade Corridor Enhancement Program (TCEP) <input type="checkbox"/> Active Transportation Program (ATP) <input type="checkbox"/> State Highway Operation & Protection Program <input type="checkbox"/> Solutions for Congested Corridors Program (SCCP) <input type="checkbox"/> Local Partnership Program (LPP) - Competitive <input type="checkbox"/> Local Partnership Program (LPP) - Formulaic									
		<b>Period of Reporting</b>		Begin Date:		End Date:			
District:	Route:		Post Mile		PPNO		EA		
Project Title:							Project ID:		
Implementing Agency:									
Project Contact:			Email:			Phone:			
PROJECT OUTPUTS (From Project Application)					PROJECT OUTCOMES (From Project Application)				
SUMMARY OF PROJECT STATUS									
Briefly describe the activities and progress made toward implementation of the project:		<i>Notes – limit the use of acronyms, use plain language, public information.</i>							
Expected accomplishments/ milestone next period:									
<i>Is there a change in the project cost, schedule, scope, and/or expected benefits? If so, provide a summary describing the reason for the change AND attach a new Project Programming Request (PPR) form with the changes highlighted and describe below the corrective action plan, if necessary, to manage any risk to the implementation of the project as programmed.</i>									
CORRECTIVE ACTION PLAN									
<i>*If no change from the last Progress Report, indicate "No Change".</i>									
*Cost:		<b>Note – Describe the cost variation and discuss the reason for the cost increases. Identify financial constraints or commitments, risks and impacts, etc. What is the corrective plan and what is being done to manage identified risks? include a discussion of potential mitigation plans. If no anticipated change, then state so.</b>							
*Schedule:		<b>Note – Describe the schedule variation and discuss the reason for the schedule delay. Identify any constraints or commitments, risks and impacts, etc. What is the corrective plan and what is being done to manage identified risks? include a discussion of potential mitigation plans. If no anticipated change, then state so.</b>							
*Scope:		<b>Note – Describe the scope variation and discuss the reason for the change. Include a revised project description and scope of work statement. What is the corrective plan and what is being done to manage identified risks? include a discussion of potential mitigation plans. If no anticipated change, then state so.</b>							
*Expected Benefits:		<b>Note – Describe the variation in project benefits and discuss the reason for the change. Include a description of the new proposed benefits (including outputs &amp; outcomes). What is the corrective plan and what is being done to manage identified risks? include a discussion of potential mitigation plans. If no anticipated change, then state so.</b>							
<i>Does the Corrective Action Plan require a time extension? If so, when do you anticipate submitting the request?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px; border: 1px solid black;" type="text"/>									
<i>Does the Corrective Action Plan require a Project Amendment? If so, when do you anticipate submitting the request?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px; border: 1px solid black;" type="text"/>									
PREPARED BY: (print)					DATE:			PHONE:	
<i>I certify that the information contained in the report is correct and consistent with the CTC SB-1 Accountability Guidelines and the project application or approved Baseline Agreement for the project</i>									
<b>SIGNATURE:</b> _____									
<b>NAME:</b> _____									
<b>TITLE:</b> _____									